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PTO/SB/21 (09-0-Approved for use through 07/31/2006. OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE t of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/809,783 TRANSMITTAL Filing Date 03/24/2004 First Named Inventor **FORM** Patti L. McCalmont Art Unit 2643 **Examiner Name** RAMAKRISHNAIAH, MELUR (to be used for all correspondence after initial filing) Attorney Docket Number 4380-2-CON Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** STATEMENT UNDER Request for Refund **Express Abandonment Request** 37 CFR 3.73(6) CD, Number of CD(s)\_ Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Intrado Inc. Signature D. Muhael Printed name D. Michael Clayton Reg. No. Date 27,318 15 December 2005 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Di michael Clas Date 15 December 2005 D. Michael Clayton Typed or printed name

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Effective on 12/08/2004. ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **TRANSMITTAL** For FY 2005

П	Applicant cl	aims smal	entity	status.	See 37	CFR	1.27
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TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known				
Application Number	10/809, 783			
Filing Date	24 MARCH 2004			
First Named Inventor	PATTI L. McCALMONT			
Examiner Name	RAMAKRISHNAJAN, MELUR			
Art Unit	2643			
Attorney Docket No.	4380-2-CON			

METHOD OF PAYMEN	T (check al	that apply)					
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 503258  Deposit Account Name: TNTRABO INC.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
			•				cent for the filing fee
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEA	FILING	FEES Small Entity	SEARCH <u>S</u>	mall Entity	S	TION FEES	Fees Paid (\$)
Application Type Utility	<u>Fee (\$)</u> 300	Fee (\$) 150	<u>Fee (\$)</u> 500	Fee (\$) 250	<u>Fee (\$)</u> 200	Fee (\$) 100	CC0 1 010 147
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
EXCESS CLAIM FE     Fee Description     Each claim over 20 (     Each independent cl     Multiple dependent	ES (including Faim over 3	Reissues)	-	v	v	Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180
Total Claims	Extra Clai	ms Fee	(\$) Fee Pa	id (\$)		Multiple De	ependent Claims
- 20 or HP =		_ ×	=			Fee (\$)	Fee Paid (\$)
HP = highest number of tot Indep. Claims  - 3 or HP = HP = highest number of independent of the state of the	Extra Clai	ms <u>Fee</u> x	(\$) <u>Fee Pa</u> =	id (\$)			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filir	ng surcharg	e): <u> </u>	CLAIME	R			130.00

SUBMITTED BY				
Signature	D. Michael Clayre	Registration No. (Attorney/Agent)	7318	Telephone (720) 864-5514
Name (Print/Type)				Date 15 becember 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.